MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT

CONNECTION NEWSLETTER

NOVEMBER ISSUE:

This issue has Prematurity Awareness month; S.T.A.B.L.E.; Zika Basic Flipbook; Mental health care and the ED; Northern Idaho's windstorm response; YAMS; FEMA EMI Course: *G489;* & New AAP recommendations for safe sleep and preterm babies; and **MORE! TRIVIA- answer & win a free EMSC Jelly Beans Tin- first 3 to email answers to Robin -rsuzor@mt.gov.**

PREMATURITY AWARENESS MONTH

November is Prematurity Awareness Month. The awareness month kicks off with the release of the Premature Birth Report Card. **November 17th marks World Prematurity Day**, and the March of Dimes and partner organization worldwide are asking everyone to help spread the word on the serious problem of premature birth.

After decades of increases, the rate of premature birth in the U.S. has now been on a steady decline for the last several years. This decline – to 9.6 percent today – has saved thousands of babies from being born too soon. It also has saved our nation billions of dollars in excess health care costs. Despite this progress, about 380,000 babies are born prematurely each year.

Healthy Babies are Worth the Wait® is a comprehensive initiative by the March of Dimes to prevent preventable preterm birth, with a focus on reducing elective deliveries before 39 weeks gestation. Healthy Babies are Worth the Wait involves an education and awareness campaign, hospital quality improvement and community intervention programs. These strategies are focused on interventions and activities that have the potential to make an immediate, substantial and measurable impact on preterm birth.

November is Prematurity Awareness Month® and the March of Dimes focuses the nation's attention on premature birth. The awareness month kicks off with the release of the 2016 Premature Birth Report Card on November 1st.

http://www.marchofdimes.org/mission/prematurity-campaign.aspx

Cultural Perspectives in Childbearing

CE263-60 | 1.00 contact hrs

by Kirtley Ceballos, MSN, RNC-NIC, PCNS-BC and Michelle E. Dunwoody, MS, BSN, WHNP-BC

Average Rating ☆☆☆☆☆ (4.3 / 11442 reviews)

Price: $12.00 FREE for Unlimited CE Subscribers

The goal: To improve the ability of healthcare providers to assess and meet the sociocultural needs of childbearing families of diverse cultural and social groups. Objectives: **Discuss the relationship of culture, subculture, acculturation, assimilation, ethnocentrism and cultural relativism to healthcare practice; Recognize a variety of ethnic and cultural beliefs and practices related to childbearing/family; and identify needs unique to culturally diverse families who adhere to traditional beliefs and practices regarding childbearing.**

This course is intended for an inter-professional audience, including nurses, EMTs/paramedics. On or before 9/14/18.

Objectives: Update healthcare professionals' knowledge on how to recognize and intervene with a mother who has a postpartum psychiatric disorder. You will be able to**: Describe the differences between postpartum blues, anxiety symptoms, depressive symptoms and psychosis; Identify five signs or symptoms of postpartum depression; list four interventions and three treatments for a mother with postpartum depression.** On or before 7/9/2018.

Objectives: To help nurses identify the risk factors, symptoms, and nursing interventions for neonatal abstinence syndrome (NAS); To define NAS and name 3 risk factors and 5 symptoms of NAS; describe 5 nonpharmacological and 2 pharmacological interventions for infants exhibiting NAS; discuss 3 family interventions and educational techniques for parents of an infant with NAS. View on or before July 13, 2019.

http://ce.nurse.com/Perinatal-Nursing link to education

WB1605 Neonatal Care Consideration in the Transport Setting

- Module number: **#WB1605** Module type: **Online access** Contact hours: **10.00**
- Members: **$29.00** Non-members: **$29.00** Expiration: **Dec 31, 2016**

Objectives: Outline the **elements of the transport process** incorporating the skills and unique equipment needed for assessment, stabilization and transfer of an infant with respiratory distress; Identify the common etiology and clinical presentation of subgaleal hemorrhage in the neonate; **summarize the essential steps for assessing, stabilizing and transporting infants with this traumatic condition**; summarize the QI/PI project findings assessing parental perceptions of transport team communication relative to the transfer of their neonate to a tertiary level center.

The **S.T.A.B.L.E. Program** is the first neonatal education program to focus exclusively on the post-resuscitation/pre-transport stabilization care of sick newborns. **S.T.A.B.L.E. stands for the six assessment parameters taught in the course: Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support.** This valuable, accessible and easy-to-remember resource serves as a concise guide for organizing the myriad of details and interventions necessary for stabilizing a sick infant.

The **S.T.A.B.L.E. Program** involves an 8-hour, interactive presentation by an expert in neonatal nursing or medicine. CEUs are provided by individual instructors. Who should take the S.T.A.B.L.E. Program Learner Course? Any health caregiver who is involved with post-resuscitation or pre-transport care of sick newborns or who provides well-baby care: **Physicians:** Pediatric, **ER** and family practice physicians, **including residents**; **Nurses:** RNs working in L&D, postpartum, nursery, neonatal intensive care, **emergency departments**; nurse midwives; LPNs and nursing assistants; **Others:** Respiratory therapists; **pre-hospital providers (EMTs and paramedics). For more information contact:** MONTANA HEALTH NETWORK, 519 PLEASANT STREET, MILES CITY, MT 59301; PHONE: (406) 234-1420 OR FAX: (406) 234-1423

MENTAL HEALTH CARE

"How Gaps In Mental Health Care Play Out In Emergency Rooms" --Nearly 1 in 5 children each year suffers a psychiatric illness, according to research estimates. But a national shortage of medical specialists and inpatient facilities means that many still go untreated despite national efforts to improve mental health care. **Pediatricians and child psychiatrists say children are among the hardest hit**. The researchers analyzed data compiled by the National Hospital Ambulatory Medical Care Survey, which tracked mental health visits to hospital EDs (2001 & 2011) compared with physically ill patients, people with mental health conditions rely more on the ED for treatment and are more often admitted to the hospital from the ER. They tended to be in the ED longer than people physical symptoms.

Link to Article or see: http://www.npr.org/sections/health-shots/2016/10/17/498270772

EMOTIONAL REGULATION

"How to Teach Your Kids about the Brain: Laying Strong Foundations for Emotional Intelligence"

When children understand what's happening in the brain, it can be the first step to having the power to make choices. Knowledge can be equally powerful to parents too. Knowing how the brain works means we can also understand how to respond when our children need our help.

Sometimes our brains can become overwhelmed with feelings of fear, sadness or anger, and when this happens, it's confusing-especially to children. So giving children ways to make sense of what's happening in their brain is important. It's also helpful for children to have a vocabulary for their emotional experiences that others can understand. Think of it like a foreign language, and if the other people in your family speak that language too, then it's easier to communicate with them.

So how do you start these conversations with your children, make it playful enough to keep them engaged, and simple enough for them to understand?
Link to Article http://www.mindful.org/how-to-teach-your-kids-about-the-brain/

NEW EMERGENCY PREPAREDNESS RULE FOR MEDICARE AND MEDICAID

The effective implementation date is November 16, 2017. On September 8, 2016, the Centers for Medicare and Medicaid Services finalized their Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.
The new rule ensures that affected health care providers and suppliers plan adequately for both natural and man-made disasters, in order to increase patient safety and establish a more coordinated disaster response. The providers and suppliers will need to meet four common industry standards: develop an emergency plan, implement policies and procedures based on the plan, maintain a communication plan, and maintain training and testing programs, including drills and exercises.
There are 30+ resources in Disaster Lit® related to Medicare and Medicaid, and ASPR TRACIE has more resources and technical assistance on the new rule.

CHILD READY montana

Kassie Runsabove presented on "*Building a Cultural Toolkit in a Disaster*" at the annual Hale Borealis Conference in Anchorage Alaska. Alaska is a beautiful place and is home to over 250 tribes. She encourages all those in disaster planning to critique your plans to ensure that it serves all those in underserved areas.

NOVEMBER IS NATIVE AMERICAN HERITAGE MONTH

The month is a time to celebrate rich and diverse cultures, traditions, and histories and to acknowledge the important contributions of Native people. Heritage Month is also an opportune time to educate the general public about tribes, to raise a general awareness about the unique challenges Native people have faced both historically and in the present, and the ways in which Native people and communities have worked to conquer these challenges. **Celebrate by reading about inspiring American Indian Leaders in Healthcare and sharing positive American Indian quotes in your facilities.**

Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or Kassie.runsabove@sclhs.net

Optimistic, hopeful people view barriers and obstacles as problems to be solved and not as the reason to give up or turn back. Positive people never, ever give up. Wilma Mankiller –

UPDATED 2016 RECOMMENDATIONS FOR SAFE INFANT SLEEPING

Preterm infants are at increased risk of SIDS, and the association between prone sleep position and SIDS among low birth weight and preterm infants is equal to, or perhaps even stronger than, the association among those born at term. **The AAP Committee on Fetus and Newborn states that "preterm infants should be placed supine for sleeping, just as term infants should, and the parents of preterm infants should be counseled about the importance of supine sleeping in preventing SIDS.** Hospitalized preterm infants should be kept predominantly in the supine position, at least from the postmenstrual age of 32 weeks onward, so that they become acclimated to supine sleeping before discharge." NICU personnel should endorse safe sleeping guidelines with parents of infants from the time of admission to the NICU.

1. As stated in the AAP clinical report, "skin-to-skin care is recommended for all mothers and newborns, regardless of feeding or delivery method, immediately following birth (as soon as the mother is medically stable, awake, and able to respond to her newborn), and to continue for at least an hour." Thereafter or when the caregiver needs to sleep or take care of other needs, infants should be placed supine in a bassinet. There is no evidence that placing infants on their side during the first few hours after delivery promotes clearance of amniotic fluid and decreases the risk of aspiration. Infants in the newborn nursery and infants who are rooming in with their parents should be placed in the supine position as soon as they are ready to be placed in the bassinet.

2. Although data to make specific recommendations as to when it is safe for infants to sleep in the prone or side position are lacking, studies establishing prone and side sleeping as risk factors for SIDS include infants up to 1 year of age. The best evidence suggests that infants should continue to be placed supine until 1 year of age.

3. Once an infant can roll from supine to prone and from prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes. Because rolling into soft bedding is an important risk factor for SUID after 3 months of age, parents and caregivers should continue to keep the infant's sleep environment clear of soft or loose bedding.

To read the entire recommendations go to: - press release, policy statement, and full technical report.
http://pediatrics.aappublications.org/content/early/2016/10/20/peds

ZIKA BASICS: FLIPBOOK FOR COMMUNITY HEALTH WORKERS

This 24-page illustrated flipbooks if for community healthcare to use to educate their communities about ZIKA, how it is spread, and the effects of the virus, what to do if infected, and how to prevent Zika. Each page in the flipbook has two sides; one side includes bullets to guide the discussion, and the other has text and illustrations for patients.

SUICIDE PREVENTION

A promising new youth suicide prevention intervention program designed to enhance mental health resiliency in youth will be provided in schools across Montana thanks to a $303,000 grant from the Montana Research and Economic Development Initiative, a group of committed facilitators and the Montana State University Center for Mental Health Research and Recovery.

The research-based program, which has been found to reduce suicide attempts and suicidal thoughts by more than 50 percent, is called YAM (or Youth Aware of Mental Health). The five-hour program is spread over five weeks. Using trained facilitators, YAM includes interactive talks, as well as three hours of role-playing and mental health referral resources for youth. The program is designed to teach both mental health awareness and risk factors that are associated with suicide, as well as a set of skills for dealing with adverse life events.

An important component of YAM is that it is directly delivered to each youth, rather than to "gatekeepers," or those people who frequently interact with youth, such as teachers, school nurses, school staff and community leaders, according to Dr. Matt Byerly, head of the MSU Center for Mental Health Research and Recovery.

The culturally sensitive program integrates cognitive, experiential and emotional learning in order to guide the participants through the difficult topics. Link to Article

FEMA EMI Course: G489– Management of Spontaneous Volunteers in Disasters

This course introduces the skills and planning considerations required to manage large numbers of people who are not affiliated with an experienced relief organization, but who want to help in disasters. These helpers or "spontaneous volunteers" are generally well motivated and sincerely want to help, but if their efforts and resources are not coordinated effectively, they could be counterproductive, wasteful, and often place a strain on the disaster area.

Course Objectives:

- Identify issues and challenges in the management of spontaneous volunteers;
- Identify the elements of a spontaneous Volunteer Management Plan;
- Identify best practices for the management of spontaneous volunteers in disasters;
- Develop and implement a spontaneous Volunteer Management Plan; and
- Explain the role of the VRC and virtual VRC in the transition from response to recovery.

Recommended Prerequisites:

These prerequisites are not mandatory, but recommended. All course participants should be familiar with their own state/local government- *Volunteer and Donations Management* or *Management of Spontaneous Volunteers* Emergency Operations Plan Annex. The individuals should have a working knowledge of the Incident Command and National Incident Management Systems:

- IS-0100.b, Introduction to the Incident Command System
- IS-0200.b, Incident Command System for Single Resources and Initial Action Incidents
- IS-0700.a, National Incident Management System, An Introduction
- IS-0800.b, National Response Framework, an Introduction

Course Length: 1 day CEUs: 0.7

Target Audience: Local Volunteer Coordinators; Voluntary Organizations Active in Disasters (VOAD) members; County and Tribal Emergency Management; General Public

Amenities: Snacks, Coffee, and Lunch will be provided by DPHHS; Lodging/travel compensation is not provided.

Training Dates/Locations:

Missoula

Date & Time: November 14th, Monday 9am – 4pm Class Capacity: 10-28
Location: Missoula Emergency Services Training Center, 1200 Burlington Ave, Missoula, MT 59801
Local POC: Nick Holloway 406-258-3631 nholloway@missoulacounty.us

Butte

Date & Time: November 15th, Tuesday 9am – 4pm Class Capacity: 10-35
Location: Butte-Silver Bow Emergency Operations Center, 3615 Wynne Ave, Butte, MT 59701
Local POC: Dan Dennehy 406-497-6295 ddennehy@bsb.mt.gov

Billings

Date & Time: November 16th, Wednesday 9am – 4pm Class Capacity: 10-28
Location: United Way of Yellowstone County, 2173 Overland Avenue, Billings, MT 59102
Local POC: Pam Sanderson 406-272-8510 psanderson@uwyellowstone.org

Glendive

Date & Time: November 17th, Thursday 9am – 4pm
Location: Dawson County Courthouse – Community Room, 207 W Bell Street, Glendive, MT
Local POC: Mary Jo Gehnert 406-377-2566 gehnertmj@dawsoncountymontana.com

Havre

Date & Time: November 18th, Friday 9am – 4pm Class Capacity: 10-55
Location: Triangle Communications, 2121 US Hwy 2 NW, Havre MT 59501
Local POC: Bridget Kallenberger 406-265-5481 kallenbergerb@co.hill.mt.us

Register @:https://phep.formstack.com/forms/reg_g489_mt2016 --- Deadline is **November 7th**

This set of questions are called TIME-CPR. Answering all of these questions before we start communicating lets us make a plan that will help people take action and save lives.

Sometimes we get worried about communicating information before we have all the answers. But it's okay to say that we don't know yet, and we're working on finding out. We're all in this together, especially in emerging and evolving situations, and people need to trust that we will always share the latest and best information we have, even if we don't yet understand or know everything. We're not just experts, we're expert learners.

When something first happens, we might not know right away exactly how many people or which products are affected. But we need to start talking about it anyway. The risk is too great if we don't.

October was Health Literacy Month, a time to focus on how we can help people better receive and understand information they need to stay safe and healthy. When we present our information in a way that makes it difficult for people to understand what they can do to protect their health, they may be more likely to get sick or die.

Health literacy affects everything from how and why medication should be taken, to reading nutrition labels, to what people should do in a major emergency like an outbreak or natural disaster. Everyone – from large agencies to community organizations to family doctors to individuals – is responsible for making sure we all have clear and relevant health information when we need it. We need to stay connected and communicate well. Lives may depend on it. For more information about Health Literacy, visit the CDC Health Literacy website.

Power to the People: Windstorm Impact and Response in Northern Idaho

From the University of Washington, NW Center for Public Health Practice, this resource provides slides and a recording of a one-hour webinar featuring representatives from the Coeur d'Alene tribe and Idaho's Panhandle Health District who discuss how they responded to a significant windstorm.
They describe the events and emergency management activities of the November 17, 2015, windstorm, and review lessons learned about power sources and sheltering vulnerable populations during and after a disaster.

http://www.nwcphp.org/training/opportunities/webinars/windstorm-response-in-northern-idaho

RESOURCES

Know How to Respond

The PBS Kids® series "When Something Scary Happens" features videos with its popular children's characters Arthur and Daniel Tiger to help children communicate their feelings about disasters and prepare with families and friends. The series also includes activities that children can do on their own or with an adult, including "Draw Your Feelings" and "Emergency Supply Kit."

Parents and teachers can use the resources from PBS and other partners in youth preparedness, UNICEF and Gryphon House, too.

HELP STUDENTS COPE WITH MEDIA COVERAGE

The Disaster and Community Crisis Center at the University of Missouri's Disaster Media Intervention (DMI), a manual to help teachers and school staff guide students in coping with the psychological effects of media coverage after disasters like storms or earthquakes, or industrial accidents, terrorist attacks, or mass shootings. DMI's three primary goals are to help encourage dialogue, establish a sense of safety, and develop coping skills. The manual also has resources for adults.

For example, fact sheets for parents, teachers, and school staff provide an overview of how media coverage of a disaster may affect students and suggest strategies to use.

Download or print the DMI manual to help your students.

Dig into Preparedness

Created by the Kansas Department of Health and Environment, Fred the Preparedness Dog leads youth in engaging activities for youth, like a Preparedness Plan Activity Book, quizzes for kids 6–8 and 9–12, fun facts about natural disasters, and ways to boost preparedness for your animals. Fred also provides free resources for parents, partners, and teachers to help youth practice preparedness. Fred's app is designed for both iPhone and iPad, and it includes preparedness games.

Download the app from the App Store today.

Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health

This 19-page report focuses on selected programs and approaches that can be used to help whole communities fare better during and after disasters in terms of behavioral health (mental health and substance use issues). It covers resilience-based approaches begun prior to a disaster; the Crisis Counseling Assistance and Training Program; and Psychological Simple Triage and Rapid Treatment (PsySTART).

MONTANA 2-1-1

Montana 211.org is an easy to remember website and offers mobile friendly service on your device. Montana 2-1-1 is a free, easy-to-remember phone number connecting callers, in some areas of Montana, with health and human services in their community.

When you dial 2-1-1, you will talk to a trained resource specialist who has access to comprehensive database listings of nearly all health and human services that exist in your area. This includes but is not limited to: rent and utility assistance, food, emergency shelters, where to get employment help, medical and mental health assistance, help with transportation, and trained suicide intervention counseling. You can also get information on affordable child care, information about caring for an aging relative, or help recovering from a disaster.

TELADOC:

The American Red Cross and Teladoc, Inc. (NYSE: TDOC) announced its partnership to deliver remote medical care to communities in the U.S. that are significantly affected by disasters. This is the first telehealth provider partnership for the Red Cross. Teladoc is the nation's first and largest telehealth provider. Through this pilot collaboration, Teladoc will make its network of physicians available to people helped by the Red Cross whose access to health care providers has been limited or is unavailable after large-scale disasters.

Teladoc's virtual physician visit services will be made available via web, Teladoc's mobile app and phone to address the primary health care needs of individuals affected by disasters. The consultations will make it possible for disaster victims to access needed health services during events in which distance and time are important factors. **Teladoc provides a convenient, cost-effective and high-quality care alternative to urgent care and emergency room visits to treat common, uncomplicated medical conditions, particularly in medically-underserved and geographically remote communities with significant shortages of health care providers.**

In the past, Teladoc has donated remote medical care following local disasters, including Hurricane Matthew, which recently struck the Southeast United States. In partnership with the Red Cross, Teladoc will expand its disaster relief efforts while also encouraging similar generosity among stakeholders, including Teladoc employees, who will be able to donate time and other resources to the Red Cross through Teladoc Cares, the company's employee volunteer initiative.

About Teladoc: Teladoc, Inc. (NYSE:TDOC) is the nation's leading provider of telehealth services and a pioneering force in bringing the **virtual care visit into the mainstream of today's health care ecosystem. Serving some 6,000 clients — including health plans, health systems, employers and other organizations** — more than 15 million members can use phone, mobile devices and secure online video to connect within minutes to Teladoc's network of more than 3,100 board-certified, state-licensed physicians and behavioral health specialists, 24/7. With national coverage, a robust, scalable platform and a Lewisville, Texas-based member services center staffed by 400 employees, Teladoc offers the industry's most comprehensive and complete telehealth solution including primary care, behavioral health care, dermatology, tobacco cessation and more. **For additional information, visit www.teladoc.com link to teladoc information**

EMERGENCY PEDIATRIC CARE COURSE (EPC)

Saturday Nov. 26th, 2016
0800-1700

Hosted at **Sheridan Memorial Hospital; 440 W Laurel Ave, Plentywood, MT**

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at no charge through funding provided by the Montana State EMS for Children program.

16 hours of accredited pediatric contact time awarded for course completion.
This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation.

To register, go to: http://www.bestpracticemedicine.com/emergency-pediatric-care/

Access to the online course will be E-mailed to students within three days of course registration. A $75.00 deposit is required to reserve a space in the course—you are not charged if you attend class.

Deadline for Registration is November 10th--

Please forward this announcement to anyone who may be interested.

This is a great opportunity for *FREE PEDIATRIC EDUCATION*.

Safe Kids Worldwide produced *The Ultimate Car Seat Guide*, an interactive guide that delivers both general and personalized tips to make you're a child is using the correct car seat. The guide has tips on buying car seats, installing car seats, finding the right fit, and when to change car seats. Check out the ultimate Car Seat Guide. https://www.safekids.org/ultimate-car-seat-guide/

TRIVIA

Answer the trivia and win free Pediatric EMSC Jelly Beans –to the first 3 to email answers to Robin -rsuzor@mt.gov NOT to the listserve.

1. **What is the Preparedness dog's name?**
2. **What is one thing to consider when communicating about health?**
3. **What is YAM? (not the orange tuber ☺)**
4. **Where is the next EPC Course?**

Check out these resources to support your pediatric disaster preparedness

NACCHO, in collaboration with the Northeast Texas Public Health District and the City of El Paso Department of Public Health, developed a series of behavioral health videos, available in both Spanish and English. **These videos aim to provide first responders, children, and the general public with strategies on stress management and coping mechanisms in the aftermath of a disaster or traumatic event**.

Each video also contains closed captioning and an on-screen American Sign Language (ASL) interpreter. These videos can be used at response sites, such as points of dispensing (PODs) or emergency shelters. They are designed to provide information and guidance to help calm those dealing with stress and the psychological effects caused during and following an emergency or traumatic event.

Videos are available on the following topics: http://nacchopreparedness.org/accessible-multi-language-behavioral-health-videos-for-use-at-response-sites/

- ✓ **Tips for Talking with and Helping Children Cope After a Disaster;**
- ✓ **Tips for Managing Stress: A Guide for Emergency Responders;**
- ✓ **Tips for Survivors of a Traumatic Event;**
- ✓ **Coping with Stress After a Traumatic Event;**
- ✓ **Disaster Distress Helpline;**
- ✓ **Parents Helping Youth Cope with Disaster;**
- ✓ **Be Red Cross Ready; and**
- ✓ **Taking Care of Your Emotional Health after a Disaster.**

REMEMBER THE BIG SKY EMS CONFERENCE IN BILLINGS ON NOVEMBER 10-12, 2016. For more information call: Lyndy Gurchiek @ (406) 670-5021 or email Lyndy at lyndy.gurchiek@amr.net

MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services

Montana EMS & Trauma Systems Chronic Disease Prevention & Health Promotion Bureau

EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -- CONTACT INFORMATION: rsuzor@mt.gov or (406) 444-0901